

APPLICATION

Please complete all questions, sign and date the application. Enclose your \$50.00 non-refundable application/interview fee payable to Blue Sky School of Professional Massage & Therapeutic Bodywork. Mail the form, any supporting documents, and your fee to Blue Sky School of Professional Massage & Therapeutic Bodywork, 1230 13th Avenue, Grafton, Wisconsin 53024. When your application is received, your interview will be scheduled, or you may call the school location in which you would like to attend to schedule your interview. Full disclosure is needed for us to evaluate your enrollment, and your potential for success after graduation.

ATTACH YOUR
PICTURE HERE

PLEASE PRINT CLEARLY

Today's Date _____

Which class start date applying for? _____ ☐ Grafton ☐ Green Bay

Which Program? ☐ Therapeutic ☐ Medical ☐ Kinesiology ☐ Undecided

First Name _____ Last Name _____

Maiden Name _____ Social Security Number _____

Marital Status _____ Date of Birth _____ ☐ Male ☐ Female

Address _____ City _____

State _____ Zip _____ Cell Phone () _____

E-Mail _____

In case of emergency, contact: Relationship _____

Name _____ Day Phone () _____

Address _____ City _____ State _____ Zip _____

Eve Phone () _____

MESSAGE AND/OR HEALTH EXPERIENCE AND EDUCATION. List and describe briefly. Use a separate sheet or resume if necessary _____

Educational Background (please state your name on school records, if different)

Name	City	State	Zip	Dates Attended	Degree
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High School _____	College _____
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Technical/Vocational School _____

Other Professional Courses _____

RELATED CLASSES IN THE HEALTH SCIENCES (Class Location / Number of Classroom Hours / Date of Completion)

If you have any relatives or friends who are graduates of Blue Sky School of Professional Massage and Therapeutic Bodywork, please list their names and their relationship to you.

Name _____	Relationship _____
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OCCUPATIONAL EXPERIENCE (Please list your last three employers)

Employer	Address	City / State / Zip	Date Employed To/From	Position
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(over please)

Have you ever had an application for a health care license denied or withdrawn? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been in litigation connected with a health care practice? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain _____

HEALTH STATUS

Check if you have any medical conditions or other restrictions which affect your ability to:

- ☐ Attend class regularly or arrive on time for each class
- ☐ Receive 60 minutes of massage therapy or perform 60 minutes of continuous massage therapy without sitting down
- ☐ Study on a regular basis and attend weekend seminars during the school year (per enrollment agreement, held at the Grafton Location)
- ☐ Take written exams, oral exams, and learn technical terminology

Please attach a sheet indicating what medical conditions or restrictions apply and what accommodations are required to allow you to do the above.

Do you have any allergies or any medical conditions (physical, mental or emotional) ☐ Yes ☐ No

If yes, please explain _____

Are you taking any prescription drugs? ☐ Yes ☐ No If yes, please list _____

Do you use recreational drugs or alcohol? ☐ Yes ☐ No

If yes, has that ever interfered with your ability to function in your daily life? ☐ Yes ☐ No

If yes, please explain _____

Do you have any special physical needs or limitations? ☐ Yes ☐ No

If yes, please list _____

SUPPORTING DOCUMENTS

In addition to an admission interview, the following documents are part of your application. Enclose those you have ready, along with the application and \$50.00 non-refundable application/interview fee or mail them separately as soon as they are available. Your class status will be conditional until the supporting documents are received and approved.

- ☐ Proof of having received 1 professional massage. A massage at the Blue Sky Student Clinic qualifies.
- ☐ 2 letters of recommendation indicating your personal skills and characteristics that qualifies you for an Allied Health Profession in Massage Therapy.
- ☐ A medical reference stating you are physically, mentally and emotionally able to give and receive massage.
- ☐ Transcripts from your high school (or equivalent) or college transcripts with a minimum of 60 completed credits. These transcripts must be mailed to Blue Sky by the institution issuing them.
- ☐ Admission/Interview questionnaire (Admission office will provide this upon request or upon application receipt).

APPLICATION AGREEMENT

I hereby certify that I am free of skin diseases and free of communicable diseases. I understand that this statement is declared for the health and safety of all class participants. I certify that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I understand it is my responsibility to request official transcripts from each academic institution that I have attended, and transcripts submitted directly to Blue Sky School of Professional Massage & Therapeutic Bodywork. I understand that any misrepresentation / omission of application information is sufficient grounds for canceling my admission and enrollment and is grounds for dismissal and releases Blue Sky from any liability. Any financial obligation that I have incurred will be my responsibility to pay in full. I understand that documents are not released until all financial obligations are met. By submitting this application, I agree to abide by and be subject to Blue Sky School of Professional Massage & Therapeutic Bodywork's rules, regulations and disciplinary code.

Signature of Applicant _____ Date of Signature _____